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AUTHOR Dennis-Small, Lucretia; Washburn, Kerry
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ABSTRACT

Reported are findings of an impact evaluation of the Family-Centered Home-Based Intervention Project for Protective Services Clients, a joint venture of the Texas Department of Human Services (DHS) Region 11 (Houston) and the DePelchin Children's Center. The project demonstrated a model of intensive intervention with families who had been referred to DHS's child protective services (CPS). Cases were assigned randomly to either DHS or DePelchin staff. The impact evaluation compared intensive services provided by DHS, standard DHS protective services, and intensive services provided by DePelchin staff. Main points of comparison were the effects of services on families and the cost of services. Due to the small number of clients served in the year, results were limited to descriptive data. These data suggested that children from families receiving intensive services from either DHS or DePelchin staff were removed from their homes less frequently than those from families receiving standard DHS protective services. Cost comparisons indicated that while the per-family cost of DHS intensive intervention was higher than that of standard services, the low frequency of removals in intensive services cases resulted in lower costs for foster care. Costs for intensive intervention provided by DePelchin staff were slightly lower than those for DHS intensive services. The cost analysis is included in this report. (RH)

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Annual Report: Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/09

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**Family-Centered, Home-Based Intervention
for Protective Service Clients Project**

September 30, 1985

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FAMILY-CENTERED, HOME-BASED
INTERVENTION PROJECT FOR PROTECTIVE SERVICES CLIENTS

Annual Report

September 1, 1984, through August 31, 1985

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

September 30, 1985

Written by
Lucretia Dennis-Small
and Kerry Washburn

Submitted by
Texas Department of Human Services
Office of the Deputy Commissioner for Programs
Martin Dukler, Deputy Commissioner

and

Protective Services for Families and Children Branch
James C. Marquart, Ph.D., Assistant Commissioner
P. O. Box 2960
Austin, Texas 78769
(512) 450-3011

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GENERAL INTRODUCTION

Innovations in Protective Services is the collective name of seven projects funded by P.L. 93-247 state grant money and conducted by the Texas Department of Human Services (DHS). The seven demonstrations, designed to test ideas for improving services to children in need of protection, are listed below:

- o Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment;
- o Project Amistad (Friendship), a Joint Venture between DHS and Family Outreach;
- o Family-Centered, Home-Based Intervention for Protective Services Clients;
- o Child Protective Services Case Management;
- o Child Abuse and Neglect Prevention;
- o Advanced Job Skills Training; and
- o Automated Performance Tracking and Productivity Improvement.

Overall objectives established for the seven projects are to develop innovative child abuse and neglect programs using volunteers and private agencies; to strengthen the quality of services for child abuse and neglect through competency-based and specialized training programs; and to develop models and program designs for planning and delivering child abuse and neglect services and for allocating resources.

The project reported on in this document, Family-Centered, Home-Based Intervention for Protective Services Clients, was conducted in DHS's Region 11 in Houston. It demonstrated a model that presents one method of preventing the removal of children from their homes.

Copies of this and other reports on the 93-247 projects can be obtained by writing to Project Support and Utilization Section; Office of Research, Demonstration, and Evaluation; Texas Department of Human Services; P.O. Box 2960 (MC 504-E); Austin, Texas 78769.

ACKNOWLEDGMENTS

The Texas Department of Human Services (DHS) wishes to acknowledge the contributions of a number of people who helped plan, start, and operate the Family-Centered, Home-Based Intervention Project for Protective Services Clients and who contributed to the preparation of project reports.

Twila Ross and E. Lane Coco of the DePelchin Children's Center in Houston and Suzette Marshall and Carol Watts of DHS were responsible for day-to-day operations of the project. Gene Daniel and Liz Brandt provided regional administrative support. Joe Papick, program specialist, served as program liaison with the Protective Services for Families and Children (PSFC) Branch at headquarters in Austin. Special appreciation is accorded to child protective services specialists in the regional DHS office in Harris and Montgomery counties, who referred suitable families to the project's intervention team.

From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division, which is administered by Kent Gummerman, Ph.D. Pat Conway wrote the original grant proposal, evaluation specialist Clare-Marie Karat prepared the evaluation plan; Kerry Washburn, evaluation intern, prepared the impact evaluation report. Lucretia Dennis-Small, project specialist, provided support to project staff, prepared the process evaluation, wrote reports to funding sources, and arranged for nationwide dissemination of the annual report. Nicholas Constant and Phyllis Jamar of the Technical Communications Unit contributed to the high quality of project documents.

EXECUTIVE SUMMARY

The Family-Centered, Home-Based Intervention Project for Protective Services Clients was conducted by the Texas Department of Human Services (DHS). The project was a joint venture between DHS Region 11 (Houston) and DePelchin Children's Center.

The project demonstrated a model of intensive intervention with families who had been referred to DHS's child protective services (CPS). DHS employed two CPS specialists to staff the project, and DePelchin provided three caseworkers. These five staff members made up the project intervention team. Cases were assigned randomly to either DHS or DePelchin members of the team. However, when a case was assigned to a DePelchin staff member, a DHS staff member remained involved, in order to fulfill DHS's responsibility under state law for intervening in cases of child abuse and neglect. This involvement consisted of at least one quarterly visit by the DHS team member.

During the project a cost analysis of services was conducted by DHS's Office of Research, Demonstration, and Evaluation. The cost analysis is included in the project's impact evaluation (Part II of this report).

The impact evaluation compared intensive services provided by DHS, standard DHS protective services, and intensive services provided by DePelchin staff. Main points of comparison were the effects of services on families and the cost of services. Due to the small number of clients served in the year, results were limited to descriptive data. These data suggested that among families receiving intensive services, whether from DHS or DePelchin staff, children were removed from their homes less frequently than among families receiving standard DHS protective services. Cost comparisons indicated that while the per-family cost of DHS intensive intervention was higher than that of standard services, the low frequency of removals in intensive services cases resulted in lower costs for foster care. Costs for intensive intervention provided by DePelchin staff were slightly lower than those for DHS intensive services.

PART 1:
Process Description

BACKGROUND AND ORIGIN

In public human services agencies, high levels of stress and large case loads prevent caseworkers from focusing on preventive activities for families at risk of abusing or neglecting their children. Typically, the focus on short-term intake, assessment, case management, and referral. Consequently, families whose children are at risk of being removed because of abuse and neglect may not receive services until the situation has deteriorated substantially.

The Texas Department of Human Services (DHS), the agency responsible for serving families referred because of abuse and neglect, finds that the same families are referred repeatedly by a variety of sources. Families currently being followed continue to be referred, and families that are thought to be stabilized and whose cases are closed return periodically.

Recidivism of these two kinds is a common pattern in two Texas counties--Harris and Montgomery. Nearly 30 percent of the children placed in protective custody in these two counties were already being carried on a protective services case load.

The Family-Centered, Home-Based Intervention Project for Protective Services Clients was set up to demonstrate one model for preventing the removal of children from their homes. The project is a joint effort by (1) child protective services (CPS) programs from Harris and Montgomery counties in Region 11 of the Texas Department of Human Services (DHS) and (2) the DePelchin Children's Center (DCC) in Houston.

The project is intended to help families learn new ways to solve typical family problems. These new problem-solving abilities are designed to help reduce the number of children entering foster care and prevent disruption of their lives. To participate in the project, a family has to voluntarily accept home-based intervention. There are no legal requirements to ensure a family's participation.

Joint responsibilities for serving the project's clients were divided as follows: DHS assigned two CPS specialist to serve on the home-based intervention team; DCC, under its contract with DHS, employed three caseworkers to serve on the team. These five personnel delivered home-based services to CPS clients who participated in the project.

PROJECT OPERATIONS

GOAL

This project demonstrated a model for family-centered, home-based intervention as one means of preventing the removal of children from their homes. The target population included families whose children were at risk of removal because of abuse and neglect but who were not currently in immediate danger. The family-centered, home-based model is one way to address the goal of reducing (1) the number of children entering foster care and (2) the number of families recycling through the protective services system. The project also provided the opportunity to assess the service delivery system.

DESIGN

Not only was the method of intervention an important question, but who provided the services was also considered. The project compared CPS services performed by three groups:

- o the three DePelchin members of the intensive intervention team (in the project's impact evaluation--see Part II--this group is referred to as the "DCC intensive intervention unit" or by variations of that term);
- o the two DHS members of the intensive intervention team (for evaluation purposes, this group is referred to as the "DHS intensive services unit" or variations of that term); and
- o standard CPS units in DHS.

OBJECTIVES

The project objectives were to--

1. reduce the number of children removed from their families;
2. establish advocacy program(s) to provide needed community resources to CPS clients;

3. establish method(s) for improving parenting and household management skills of CPS clients;
4. reduce recidivism (i.e., the referral of a family that had been previously referred to DHS because of abuse and neglect); and
5. compare the cost-benefit of direct provision of services by DHS with provision of services through outside contractors.

INTERVENTION MODEL

The model for intervention employed the following strategies:

- o The home-based intervention model emphasized reaching the family immediately after the referral. Team members felt families were more receptive to intervention during a crisis than they otherwise would have been.
- o After initial contact, team members were available to families in their homes four to five times a week at any hour during the day or night. They scheduled counseling sessions with the entire family and with individual family members as needed. During these counseling sessions, team members emphasized that each family member should become involved in putting his or her treatment plan into operation. The project's model stresses the belief that such involvement is essential if the family is to gain functional independence.
- o Family members were encouraged to participate in the treatment plan on their own "turf"--in the home. This approach eased the tension of having a stranger intervene in their lives and allowed the CPS specialist and DCC caseworkers the chance to make more accurate assessments of the family's problems and interactions.
- o Intervention team members provided a variety of services to families in the project. Some of these services included parenting classes, modeling child management skills, household management skill classes, employment services, marriage counseling, assertiveness training, legal and medical services, and communication skills.

FAMILIES IN THE PROJECT

The following eligibility criteria were used for accepting families into the project:

- o parents did not want children removed from the home,
- o parents had no psychosis of a chronic nature,
- o parents were not severely retarded,
- o children were not in a life-threatening situation, and
- o children were at risk of being removed.

The project's five-member intervention team came in contact with 52 families who had been referred to DHS because of alleged child abuse or neglect. The 52 families included 64 adults and 106 children. DHS team members delivered intensive services to 20 families and terminated services to 8 families they believed could function independently. DCC team members delivered intensive intervention to 32 families and terminated services to 16 families they believed could function independently. These families exhibited numerous problems and had multiple needs that dictated the involvement of two or more additional community resources. The intervention team members most often identified the multiple need families as having numerous problems, of which child abuse or neglect was only one.

The five-member intervention team met twice a month to confer about current case situations and to address presenting problems. During these case conferences, the intervention team members exchanged ideas and suggested intervention techniques. Team members thought these discussions were invaluable and contributed greatly to successes they experienced in case interventions. Appendix A contains summaries of two typical cases.

ADVOCACY PROGRAMS

The project team members recruited and trained volunteers to help provide services (such as modeling the skills needed in managing a household and children). Although the volunteers were important in helping families involved in the project, the team's efforts focused on accessing established resources. Team members found that having a

limited case load allowed more time to identify what resources were available to meet the needs of their families.

Team members also obtained donations of food and gifts to help project families. Utility and rent payments were donated frequently by community agencies.

PARENTING AND HOUSEHOLD MANAGEMENT SKILLS

Team members and homemakers (paid and volunteers) counseled families in household management techniques and parenting skills. They discussed and modeled child management and disciplinary alternatives with most of the families involved in the project. Systematic Training for Effective Parenting (STEP) and Parent Effectiveness Training (PET) were used as guidelines in teaching parenting techniques. These techniques were taught both in homes and in classroom settings.

REDUCED RECIDIVISM

In order to acquire a statistically valid sample to analyze differences between groups, the number of cases of recidivism would have to be recorded for a longer period than the 12 months the project has operated so far. During the 12-month period of project operations, one intake was received on a family already involved with the intervention team. To date, no families on whom services were terminated have been re-referred to DHS CPS units.

COST-BENEFIT ANALYSIS

A cost-benefit analysis was conducted by the Office of Research, Demonstration, and Evaluation (ORDE) at headquarters in Austin (see Part II, Impact Evaluation). The analysis compared the direct provision of services by DHS against services provided by DePelchin Children's Center, the outside contractor.

UTILIZATION AND DISSEMINATION

On March 3-5, the project supervisor from DCC made a presentation about the project at the "Children Who Wait" Conference held in Austin. The project staff presented case summaries to headquarters

staff from ORDE and from DHS's Protective Services for Families and Children (PSFC) Branch.

Project staff made presentations to local schools, hospitals, and the news media. They also prepared an abstract of the project and submitted it to be considered for presentation at the Nation Association of Social Workers conference in Chicago.

PART II:
Impact Evaluation

BACKGROUND

The Texas Department of Human Services (DHS) is charged with serving abused and neglected children and their families. Despite a high recidivism rate in the Protective Services for Families and Children (PSFC) Program, large case loads prevent most caseworkers from focusing on preventive activities or spending the large amounts of time with a family that may be necessary to resolve problems thoroughly. In an effort to improve this situation, PSFC staff in DHS's Region 11 designed and received funding for the Family-Centered, Home-Based Intervention Project for Protective Services Clients.

The project tests a service model that was developed jointly by regional PSFC staff and staff of the DePelchin Children's Center (DCC), a nonprofit organization that contracts with DHS to provide services to abused children. The model includes intensive services designed to solve family problems that have resulted in abuse or neglect. Services feature a family systems approach, emphasis on family members' self-esteem, teaching of home management skills, intensive family counseling sessions, and a variety of community-based services. The goal is to resolve problems effectively so that abuse and neglect do not recur and children do not have to be removed from their homes.

Anticipated effects of the model on families include fewer removals of children for placement in foster care and a lower rate of recidivism. Also, it is anticipated that while intervention services may be expensive in the short run, they will be cost-effective in the long run because fewer children will be removed from their homes (less money spent on protective foster care), and the recidivism rate will be lower (less money spent on future casework).

EVALUATION OVERVIEW

The impact evaluation of the Family-Centered, Home-Based Intervention Project was designed to (1) assess the effects of the project's intensive services on protective services cases, (2) evaluate the cost-effectiveness of the project model, and (3) compare intensive services provided by a contractor to intensive intervention conducted by DHS on both effects on cases and cost. Data were gathered on the frequency of removals of children from their homes, the rate of recidivism, and the cost of services for project cases. Thus, the evaluation addressed the first, fourth, and fifth objectives of the project (see Part I, Process Description, for documentation on objectives two and three).

METHODOLOGY

DESIGN

The evaluation employed a posttest-only control group design, involving comparisons of three service delivery groups that provided protective services to families in Harris and Montgomery counties in Region 11. These groups were a specialized DHS unit that provided intensive intervention services, a private agency (DCC) that provided specialized intensive services under a contract with DHS, and eight DHS units that provided standard protective services.

For each service delivery group, data were collected on recidivism (number of new referrals on project families after their cases had been closed), number of removals of children from their homes, and cost of services to families during the project year. Cost of services was measured in three ways: (1) total cost of project services to all project clients, (2) average cost of services for one family, and (3) average cost per family of foster care and protective services casework resulting from removals and recidivism.

The DHS intensive services unit was compared to each of the other groups on each measure. The comparisons between the DHS intensive intervention unit and the DCC intensive services unit comprised the assessments of relative effects and cost of contracted and directly delivered intensive services. The comparisons of the two DHS groups constituted the evaluation of the impact and cost of intensive services compared to standard protective services.

PROJECT CLIENTS

The cases selected for the project were a subset of all CPS referrals received between September 1984 and August 1985 in the project's geographic area. Criteria for selection were that a child was at risk for removal because of abuse or neglect but was not in immediate danger and that the parent(s) in the home showed no evidence of incapability or unwillingness to solve family problems. Intensive intervention experts had identified these criteria as critical to the success of the intensive services.

DHS Region 11 staff screened each protective referral during the 12-month period, recording pertinent case information on a standardized form (see Appendix B for copy of screening form). Recorded information included data relevant to the selection criteria (e.g., whether a parent was severely retarded, whether a parent wanted a

child removed from the home, whether a child's life was threatened) as well as case identification and demographic information.

Cases that met the selection criteria were alternately assigned to the DCC intensive services unit, to the DHS intensive services unit, or to one of the eight DHS units that provided standard protective services.

A total of 95 families with an average of 3.06 children were selected in the 12-month period. Thirty-two of the cases were assigned to the DCC unit, 20 were served by the DHS intensive services unit, and 43 received standard DHS protective services.

DATA SOURCES AND ANALYSIS

Removals and Recidivism

Project staff obtained data on removals and recidivism from case files and the regional computer system in the fourth quarter of the project. Removals and new referrals were documented for each case on a standardized form (see Appendix C for copy of instrument).

Totals for the year were determined for each service delivery group for the number of cases resulting in removals of children, the number of children removed, and the number of project cases that were closed and subsequently referred for protective services. Sample sizes were insufficient for statistical comparisons of the service groups; hence, results on differences between groups in these measures were limited to descriptive information.

Cost of Services

The total cost of project services to all families and the average cost of services to one family were derived for each service delivery group from budgeted project costs for fiscal year 1985. For each group, these costs covered (1) project activities by caseworkers, their supervisors, and their support staff; and (2) time devoted to administering project activities by the DHS Region 11 program director for CPS and support staff. Costs for the DCC intensive services unit also included costs of project administration by DCC's program director, fiscal director, and volunteer coordinator.

The specific cost components that were included in the calculations were staff salaries; fringe benefits (Social Security, retirement, and insurance contributions); travel costs; costs of supplies; and overhead. For each service delivery group, if any staff member

was assigned less than full-time to the group's project-related work, cost components associated with that staff member were adjusted for the estimated proportion of time devoted to the project. For example, the supervisor of the DHS intensive services unit devoted an estimated 35 percent of her time to that unit; therefore, 35 percent of the cost components associated with her position were included in calculations of cost of DHS intensive services.

All data required for computing costs of project activities in the DHS intensive services unit were supplied by Region 11 program staff. Costs of project services provided by staff in DHS standard services units were derived from (1) Region 11 program staff's report of total budgeted costs for an average unit and (2) data on typical size and composition of total annual case load, obtained from state office case activity data and from regional program and administrative staff. Costs of administration by DHS for each service group were obtained from Region 11 program staff and state office budget data. DCC budget staff supplied data on costs of project services and administration by DCC.

For each service delivery group, the cost of services for all project cases was calculated as the sum of the costs of project activities and administration. Average cost of services to one family was computed on the basis of this total cost measure and the number of project cases served by the group.

Estimates of additional costs of foster care and casework resulting from removals and recidivism were based on state office program and budget staff's estimates of statewide average costs of (1) foster care for one child (\$14.57 per day for 14.6 months) and (2) investigation (\$248.43) and in-home services (\$505.04) for one protective services case. These figures were used with data on the frequency of removals and the number and outcome of new referrals to estimate the average cost per family of foster care and extra casework for each service delivery group.

RESULTS

REMOVALS AND RECIDIVISM

Children were removed from their homes in 2 (10 percent) of the 20 families served by the DHS intensive intervention unit. In contrast, 10 (23.3 percent) of the 43 cases assigned to DHS standard services units resulted in removals. The frequency of removals for the DCC unit was about the same as that observed for the DHS intensive services unit: removals occurred in 3 (9.4 percent) of the 32 families

served by DCC. The total number of children removed was 5 for the DHS intensive intervention unit, 20 for the DHS standard services units, and 7 for the DCC unit.

During the 12-month period, cases were closed in 8 of the families served by the DHS intensive unit, 16 families served by DCC, and 14 families assigned to DHS standard services. Recidivism was documented for only one of these cases, a family that had received DHS standard protective services.

COST OF SERVICES

The cost of services for all project cases, the average cost of services for one case, and the additional cost of casework and foster care resulting from removals and recidivism are shown for each service delivery group in table 1.

TABLE 1
Cost of Services
(in Dollars)

Service Group	PROJECT SERVICES		Foster Care & Extra Casework Avg. Per Case
	All Project Cases	Average Per Case	
DHS standard services	\$ 40,544	\$ 943	\$3,015
DHS intensive intervention	101,439*	5,072	1,618
DCC intensive intervention	119,555 ⁺	3,736	1,415

*This amount includes \$31,914 in P.L. 93-247 state grant funds and \$69,525 in in-kind contributions.

⁺This amount includes \$77,384 in P.L. 93-247 state grant funds and \$42,171 in in-kind contributions.

The direction of the difference in cost between DHS intensive intervention and DHS standard services depended on the particular cost measure. The average cost of services for one family was 438 percent higher for DHS intensive services than for DHS standard protective services. However, because removals were much more frequent in cases that received standard protective services, the estimated average additional cost resulting from removals and recidivism was much greater (86 percent higher) for the DHS standard intervention units.

The differences in cost between the DHS intensive intervention unit and the DCC unit were smaller than those observed for the two DHS units. The average cost of DHS intensive services for one case was 36 percent higher than that of DCC intensive intervention for one family; and, because more children were removed from families served by the DHS unit, the estimated additional cost of foster care was greater (by 14 percent) for the DHS unit.

LIMITATIONS

The evaluation results are subject to several limitations. First, since the number of clients was too small for formal statistical analysis, the results on the impact of the intensive services are limited to descriptive information. By the end of the second year of the project, however, the sample sizes should be sufficient for statistical analysis purposes.

A second limitation concerns the project schedule's effect on observed results. To the extent that the effects of intensive services are long-term in nature and are not measurable during the project time frames, the impact of intensive services is underestimated in the evaluation.

Finally, the project is based on existing staff training and skills, client needs, and situational factors in Region 11. Observed effects may be generalizable only to areas with similar characteristics, staff training, and client needs.

October, 1984 to July, 1985

Case Summaries

Presenting Problems:

The only child in this family, 14 year old David, was failing in school. He was already two years behind in school from previous failures. There was constant family conflict with his father and his second step-mother. He had been placed in a residential treatment facility when he was 12 years old for a year. The family reported no improvement in his behavior but felt they could no longer tolerate the conflict and were again considering placement. The family had been to a number of therapist and none of them had helped. There was one incident of physical abuse of David which was severe.

Casework:

The family was seen weekly and David individually as needed. A rapport was quickly established after the family saw that I would see them regularly, unlike the previous caseworkers.

The parents had sought and obtained a psychological assessment of David but had not been able to get the results. I was able to get the results and helped explain the findings to the entire family. Some major learning disabilities were found which affected David's academic performance and social skills. Copies were sent to the school and Mr. Luke was enlisted in working with the school to get an appropriate program for David. David was placed in a highly structured, self-contained class room where he received tutoring, one hour of group and a half-hour of individual therapy per week. Complaints relating to school ceased and David passed with A's and B's.

The L.'s were referred to parenting classes but attended only a few sessions. They were surprised to learn that David's behavior wasn't typical of most 14 year olds and that other parents had problems coping with their teenagers. They read the S.T.E.P. book and another recommended book on parenting. They implemented their own system of David doing specific chores to earn his allowance. We all worked on setting realistic goals for David as well as appropriate rewards and punishments.

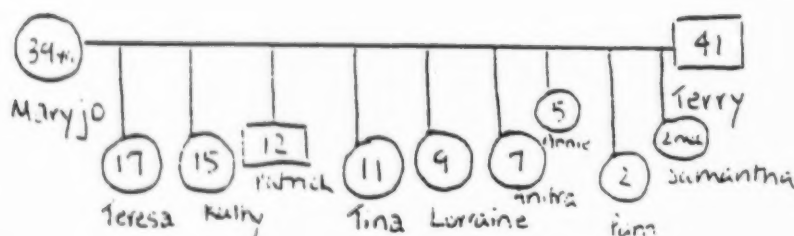
Roles within the family and the dynamics of being a step family were explored. David had previously been held responsible for the collapse of his father's second marriage and felt he could get rid of this step-mother if he desired. The parents were encouraged to assert their roles as adults, parents and spouses. Issues in their marriage relating and not relating to David were separated out. David was no longer accountable for the marriage. David was able to appropriately confront his father with his real anger instead of directing it at his step-mother, a safer target. The positive aspects of the family and its purpose were brought to the attention of its members.

David's relationship, or lack of one, with his mother was a real problem within the family. David was helped to see that his mother was not available to him, could not give him the emotional nurturance he needed and deserved and would probably never be able to do this. She was contacted but only confirmed that she had her own emotional problems and couldn't help David or even have more frequent contact with him. She had last written him in December, 1983. David understands that this will probably be a reoccurring issue in his life. He developed an amazing understanding and acceptance of the situation. His father and step-mother were helped to learn to deal with the subject in a more sensitive way and no longer belated the natural mother in front of David, which had caused many arguments.

Mr. L.'s childhood had been full of losses which were somewhat unresolved. His father died in a car accident when Mr. L. was 14. He was rejected by his mother and basically lived on his own until he entered the army at 17. During that time he had a violent temper which he learned to control. He was able to process some of these experiences and was able to see that he often saw himself as a child in David. After this realization, he was better able to let David lead his own life without having to control even insignificant behaviors.

Services were terminated over a period of weeks with the family testing their own abilities to deal with problems. They were successful and permission was given to be a "normal" family with all its imperfections.

Family W



Case Opened: 10/84
Closed: 6/85

Presenting problems:

1. Patrick had run away from home and was refusing to return,
2. Several incidents of physical abuse involving Terry and Patrick,
3. Family chaos,
4. Economic duress,
5. Inadequate physical facilities/geographic instability,
6. Dysfunctional marital and familial relationships,
7. Depression of all family members.

Original goals:

1. Assist family in improving communication skills,
2. Address family conflict and focus on Patrick,
3. Provide family with an opportunity to express their feelings and concerns in a nonthreatening setting,
4. Help family cope with high level of stress,
5. Emphasize the value/need of non-physical discipline.

Type and frequency of contact: I met with the family three times a week in the following combinations:

1. Weekly individual session with Mary Jo,
2. Weekly individual session with Patrick,
3. Weekly family session (evening appointment).

Adjusted goals:

1. Help Mary Jo deal with her feelings of anger and rejection by discussing these issues at length and trying to put them into perspective as related to her family of origin as well as her present family pattern,
2. Address Mary Jo's displaced anger towards Patrick and help her to accept that the course of her anger was her relationship with her husband,
3. Invite Terry to become a more integrated member of the family,
4. Give Patrick an opportunity to express his anger and frustration at being the family scape goat.
5. Focus on family's pattern of communicating and emphasize the consequences experienced by individuals who feel isolated due to a lack of communication.

Resolution: My involvement with the family lasted for seven months during which time the family moved four times, Patrick returned home and ran away six times, Terry secured and lost five jobs, and their ninth child, Samantha was born. Originally the emotional conflict existed primarily between Patrick and Mary Jo. After working with the family, it became evident that the real tension was between Mary Jo and Terry, and that Patrick had been "taking the heat" for his father. Patrick's running away helped the family get assistance, and in his absence, the true nature of the conflicts surfaced. Things were not perfect once Patrick was out of the home, and family members were forced to face the truth, Patrick was not the problem. Terry, although physically present in the home when not at work, was emotionally an absent parent and absent husband.

attached himself from the family and experienced them from the sidelines. Family sessions in which I encouraged the children and Mary Jo to let Terry know how much they missed him, alleviated some of the tension everyone was feeling. Terry began to communicate more and acknowledged that Patrick had born the brunt of a lot of anger and frustration meant for him. As Mary Jo talked about her pain and frustration, and had an attentive audience she could depend upon, she became more relaxed, as did her dealings with her children. At the time of closure, Mary Jo reported she felt the family had stopped growing emotionally and was in a state of stagnation when I met them. She noted the changes she has experienced and witnessed in her family and felt the progress had been remarkable and vital to the family's survival. By the end of the summer, the family had secured a house they could afford, Terry was working, the children were excited about starting school, Teresa had enlisted in the Marines, and Patrick had returned home.

Networking: The family used a number of community resources due to financial struggles, and physical instability. Resources employed are listed below:

- | | |
|------------------------------------|-----------------------------------|
| 1. Food Stamps | 7. Palmer Episcopal Church |
| 2. Medicaid | 8. Salvation Army |
| 3. Jefferson Davis Prenatal Clinic | 9. Gulf Coast Social Services |
| 4. North American Ministries | 10. Harris County Social Services |
| 5. Catholic Charities | 11. Ripley House |
| 6. United Way | 12. Volunteers of America |
-
- | |
|-----------------------|
| 13. Bread Program |
| 14. Hope Center |
| 15. Family Connection |
| 16. Sandollar Shelter |
| 17. Covenant House |
| 18. Channel 2 News |

Screening Form

FAMILY-CENTERED HOME-BASED INTERVENTION PROJECT

AGENCY NAME _____ DATE _____

ADDRESS _____ TELEPHONE NO. _____

WORKER _____

DHR CASENAME _____ SSMS Case # _____

FAMILY SURNAME _____ RACE _____ MARITAL STATUS _____

FATHER _____ DOB _____ MOTHER _____ DOB _____

CHILDREN _____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

_____ DOB _____ / _____ DOB _____

ADDRESS _____ TELEPHONE NO. _____

OTHER RELATIVES IN HOME _____

HCCPS CASE # _____ SUPERVISOR APPROVED _____ PHONE _____

REASON FOR REFERRAL (At Risk Of Being Placed And Why) _____

DOES FAMILY MEET ELIGIBILITY CRITERIA? (Specify if not applicable)

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>
1. Target child(ren) at risk of being placed.	—	—	—
2. Target child(ren) are not in a life threatening situation.	—	—	—
3. Family is in current caseload of Foster Care or Protective Services (does not have to be receiving aid payments). Specify ACTIVE _____ or CLOSED _____	—	—	—
4. Parent(s) is/are not alcoholics or is/are successfully rehabilitating.	—	—	—
5. Parent(s) is/are not drug addicts or is/are successfully rehabilitating.	—	—	—
6. Parent(s) want child(ren) back.	—	—	—
7. Parent(s) do not want child(ren) placed out of the home.	—	—	—
8. Family has no history of severe abuse of a sadistic nature.	—	—	—
9. Parent(s) have no psychosis of a chronic nature.	—	—	—
10. Parent(s) are not severely retarded.	—	—	—

F-CH-BIP REFERRAL

FAMILY SITUATION

REPORTED NEEDS OF FAMILY

THREE GOALS REFERRING AGENCY WOULD LIKE F-CH-BIP TO PURSUE

1.

 2.

 3.

-

ADDITIONAL COMMENTS

Source of Income:

Nature of Court Involvement:

APPENDIX C

Data Collection Form

FAMILY-CENTERED HOME-BASED INTERVENTION PROJECT
DATA COLLECTION FORM

1. Group: ☐1 DePelchin Children's Center
☐2 DHR intensive intervention unit
☐3 DHR control units
2. DHR casename _____ , _____
Last First
3. Caseworker _____ , _____
Last First
4. Have any of the children in the family been removed from the home since this case was opened?
☐1 Yes ☐2 No
If yes, how many children have been placed outside the home? _____ (PLEASE SPECIFY NUMBER)
5. Has this case been closed?
☐1 Yes ☐2 No
If yes, has DHR received a new PSC referral on the family since the case was closed?
☐1 Yes ☐2 No